HARVARD COUNTWAY LIBRARY

STAFF USE ONLY
Number/Barcode

APPLICATION FOR RESEARCH ASSISTANT ACCOUNT

APPLICANT

NAME:	**DATE OF BIRTH** (mm/dd/yyyy)**:**	
INSTITUTIONAL AFFILIATION:		
HOME ADDRESS:		
CITY:	**STATE:**	**ZIP CODE:**
PHONE:	**EMAIL:**	

I understand that the privileges granted by this card are only to be used in the course of my work as a research assistant as assigned and overseen by the faculty sponsor named above. I further understand that this card and its privileges are non-transferable.

SIGNATURE OF RESEARCH ASSISTANT: **DATE:**

FACULTY SPONSOR

NAME:	**AFFILIATION** (HMS / HSDM / HSPH)**:**
HUID #:	**HARVARD EMAIL:**

As a member of the faculty of the Harvard Medical School, Harvard School of Dental Medicine, or Harvard T.H. Chan School of Public Health, I hereby request that the Countway Library grant special borrower privileges and remote access to electronic resources to my research assistant named above.

I assume full responsibility for any and all fines, fees, and other liabilities incurred through the use (or misuse) of these privileges, including charges for books lost or not returned when recalled by the library.

I affirm that the research assistant named on this form works under my immediate supervision and direction.

I understand that all correspondence related to library use by my Research Assistant will be sent to me.

I understand that Research Assistant privileges are non-transferable, only to be used in relation to work directly assigned by me, related to my academic research and/or teaching, and not for personal, business, or corporate use.

I have conveyed this information to my research assistant.

EXTEND RA PRIVILEGES UNTIL (not to exceed 12 months)**:**

SIGNATURE OF FACULTY SPONSOR: **DATE:**